Retail Food Establishment Inspection Report

First aid kit
Allergy policy
Vomit clean up
Employee health

Date: 8/8/2023				F	License/Permit # FS-8563								Page <u>1</u> of <u>2</u>			
Purpose of Inspection: 1-Routine 2-Follow Establishment Name: Which Wich						3-Complaint 4-Investigation Contact/Owner Name:					tion		5-CO/Construction 6-Other TOTAL/SCOR * Number of Repeat Violations: / Number of Violations COS: 2/98/A			
Physical Address: 2931 Ridge Rd Rockwall, TX Pest control: ABC/7-19-202							nly	Hoo n/a					te trap : Follow-up: Yes	`		
Mar					Status: Out = not in copoints in the OUT box for Prio	r each numbered it		Mark '✓		eckma	ark in	appr	opria	te bo	poplicable COS = corrected on site R = repeat violation W-Watch ox for IN, NO, NA, COS Mark an in appropriate box for R tive Action not to exceed 3 days	n
О	O I N N C U N O A O			C	Time and Temperature for Food Safety				R				C O	Employee Health		
Т				S	(F = d 1. Proper cooling time	legrees Fahrenhe and temperature	-			T				Š	12. Management, food employees and conditional employees;	
Щ	-				2 D C.11 H.11		IOE/ 450E)				~				knowledge, responsibilities, and reporting	
	/				2. Proper Cold Holding	g temperature(41	(°F/ 43°F)				~				13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth	i i
		~			3. Proper Hot Holding	temperature(135	5°F)								Preventing Contamination by Hands	
		•			4. Proper cooking time						~				14. Hands cleaned and properly washed/ Gloves used properly gloves used	
		~			5. Proper reheating pro- Hours)	cedure for hot ho	olding (165°	F in 2			~				15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y N)	1
	/				6. Time as a Public Hea	alth Control; pro	ocedures & r	records							Highly Susceptible Populations	
					Approved Source						~				16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required NO EGGS	
	7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction					od in							Chemicals			
H.					8. Food Received at pro	oper temperature	e				_				17. Food additives; approved and properly stored; Washing Fruits & Vegetables	
					check at receipt Protection from Contamination						_				18. Toxic substances properly identified, stored and used	
					9. Food Separated & pr		od			'						
					preparation, storage, di										Water/ Plumbing	
•	/				10. Food contact surfaces and Returnables; Cleaned and Sanitized at 200 ppm/temperature						~				19. Water from approved source; Plumbing installed; proper backflow device	
Ц,	11. Proper disposition of returned, previously served or reconditioned discarded						d or			~				20. Approved Sewage/Wastewater Disposal System, proper disposal	i	
	T	N.T.	N	C	Pri	iority Founda	ation Item	s (2 Poi		_	_	_		_	rrective Action within 10 days	
	I N	N O	N A	C O S	Demonstration	n of Knowledge/	e/ Personnel		nts) v	iolat O U T	I N	Req N O	uire N A	Cor C O S	rrective Action within 10 days Food Temperature Control/ Identification	R
T T		N O		О		n of Knowledge/ resent, demonstra	e/ Personnel	wledge,		O U	I N	N	N	C O		R
U T	N	N O		О	Demonstration 21. Person in charge pr and perform duties/ Ce	n of Knowledge/ resent, demonstra rtified Food Mar	e/ Personnel ration of knownager/ Poste	wledge,		O U	I N	N	N	C O	Food Temperature Control/ Identification 27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature 28. Proper Date Marking and disposition	R
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Retail Food Establishment Inspection Report

Received by: (signature) Milda Arlauskas	Print: Milda Arlauskas	Title: Person In Charge/ Owner OWNEr
Inspected by: Christy Cortez, RS (signature)	Print: Christy Cortez, RS	Business Email:

Form EH-06 (Revised 09-2015)

Establishment Name: Which Wich		Physical Address: 2931 Ridge Rd		City/State:	all, TX	License/Permit # FS-8563	Page <u>2</u> of <u>2</u>					
			TEMPERATURE OBSERVA	ATIONS	·							
Item/Loc	cation	Temp F	Item/Location	Temp F	Item/Loca	tion	Temp					
WIC/turkey ham		41	under/cheese	41								
		41	ice cream freezer ambien	t 5								
	cheese	41	right side cold top/cut tomatoe	s 41								
W	WIF ambient		cut lettuce	41								
left s	ide cold top/turkey	41	under/milk	41								
	ham	41										
	roast beef	41										
	cheese	41										
T.	T		SERVATIONS AND CORRECT									
Item Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:											
	Back hand sink 100	+F equ	ipped. Need to post er	nployee l	health p	oster.						
	3 comp sink 120F				<u> </u>							
	Sani sink setup to 2	00 pm	quats									
	Test strips on site											
45	Some missing grout in serving line											
	Serving line hand sink 119 F equipped											
	Running dipper well for ice cream scoops											
	Shake machine nozzle Clean											
	Gloves used for all prep											
45	1.											
	Soda/tea nozzles WRS daily											
	RR sinks 100+F eq	uipped										
42	-		shelving in dry storage	/some du	ıst accu	mulation						
42			shelving above knife n									
Received (signature)	·	,	Milda A	rlausł	kas	Title: Person In Charg	e/ Owner					
Inspected (signature)		ton 1	RS Christy C	ortoz	DC							